



Australian Government

Australian Aged Care Quality Agency

Ainslie Low Head

RACS ID 8025
196-244 Low Head Road
LOW HEAD TAS 7253

Approved provider: Southern Cross Care (Tas) Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 October 2018.

We made our decision on 15 September 2015.

The audit was conducted on 04 August 2015 to 05 August 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Ainslie Low Head 8025

Approved provider: Southern Cross Care (Tas) Inc

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 August 2015 to 05 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Tamela Dray
Team member:	Gayle Heckenberg

Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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Details of home

Name of home:	Ainslie Low Head
RACS ID:	8025

Total number of allocated places:	22
Number of care recipients during audit:	22
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	No

Street:	196-244 Low Head Road
City:	Low Head
State:	Tasmania
Postcode:	7253
Phone number:	03 6382 1477
Facsimile:	03 6382 3438
E-mail address:	deborah.austen@scctas.org.au

Audit trail

The assessment team spent two days on site and gathered information from the following:

Interviews

Category	Number
Management	6
Clinical/care/lifestyle staff	5
Care recipients/representatives	4
Hospitality/environment and safety staff	7

Sampled documents

Category	Number
Care recipients' files	7
Medication charts	5
Care recipient agreements	5
Staff accident/incident forms	6
Personnel files	6
Contractor supplier agreements	4

Other documents reviewed

The team also reviewed:

- Activity participation records
- Activity planners, feedback forms and evaluations
- Audit schedule, audits, clinical indicators, reports and summaries
- Cleaning lists
- Compliments and complaints register and 'Have your say forms'
- Cook communication book
- Emergency procedure manual and evacuation practice report
- Equipment checklist and sling/harness report
- Fire inspection and testing maintenance records
- Food safety audit report and certification

- Food safety manual and associated records
- Hazard and incident forms
- Improvement log database and continuous improvement logs
- Leisure and lifestyle event evaluations and bus outing summaries
- Meeting minutes and memoranda
- Menu and menu and food service improvement report
- Mission, vision and values in various documentation
- Newsletters and corporate office publication 'Under the Stars'
- Orientation and induction checklist
- Position descriptions and duty lists
- Preventative maintenance program, schedules and information
- Recruitment policies and procedures
- Register of hazardous substances
- Restraint authorisation forms
- Rosters
- Self-assessment
- Smoking assessments and care plans
- Staff appraisal list
- Staff handbook
- Staff, volunteers and external service provider police certificate registers
- Surveys and summary reports
- Test and tag register
- Welcome card, information for care recipients, family and friends booklet.

Observations

The team observed the following:

- Activities in progress
- Charter of Care recipients' rights and responsibilities displayed
- Cleaning in progress

- Complaints and advocacy information displayed
- Emergency and power outage boxes and contents
- Firefighting equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Memory table
- Short group observation in lounge area
- Suggestion box and feedback forms.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. The home's system includes information from improvement logs, have your say forms and audits. Stakeholders contribute to the continuous improvement system through verbal feedback at meetings and by completing surveys. Regular review of a range of data occurs with feedback provided to stakeholders verbally and through scheduled meetings. The continuous improvement plan is used to identify, monitor, gather milestones and evaluate improvement strategies with management introducing changes in a consultative and organised manner. A quality and risk committee meets monthly to discuss improvement matters with relevant information forwarded to members of the executive team and the Board Audit and Risk committee. Care recipients, representatives and staff stated they are satisfied the home consistently implements improvements.

Examples of improvements implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- As a result of care staff feedback regarding staffing levels management reviewed the reported increased care needs of care recipients. In response, reconfiguration of the roster occurred to accommodate relocation of staff to the area requiring added support and extension of a shift time in the afternoon also occurred. Management stated staff feedback has been positive regarding the extra assistance now available when attending care recipients' care needs, the capability to respond to call bells in a timely manner and improved time to assist with meals.
- Care recipients requested access to more physically active exercises. As a result management purchased stationary pedals. The physiotherapist conducted assessments to ensure the exercise was suitable to individuals wishing to participate. Management stated there has been noted improvement in care recipients' movement and strength in their legs and they have a program tailored to their needs.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The organisation’s management demonstrates there are systems available to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. This includes subscribing to a regulatory compliance related service, receiving peak body information and accessing Government resources to assist with identifying relevant changes. There is allocated responsibility for monitoring legislative matters and the updating of policies and procedures as required. Communication occurs from corporate office to all senior managers regarding any changes with information forwarded to relevant stakeholders through meetings and minutes, memoranda and education. A register is used to record and monitor ongoing compliance. Staff stated they receive notification of regulatory changes affecting their roles.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include the following:

- Confidential documentation is stored and destroyed securely.
- Management ensure notification to all stakeholders about re-accreditation audits within the required timeframe.
- There are systems to ensure all employees, volunteers and external providers, where appropriate, have current police certificates and statutory declarations.

1.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Management has systems to ensure staff have the appropriate skills and knowledge to perform their roles effectively. Educational opportunities are identified through observation of staff practices, audits, meetings, changes to legislation and regulatory compliance, staff appraisals and verbal requests. All new employees attend a suite of training sessions upon recruitment and an annual educational planner includes mandatory sessions for all staff.

Staff have access to training and professional development opportunities through internal and external educational programs advertised through email, flyers and noticeboards.

Records of attendance are maintained, sessions evaluated and feedback provided. Staff stated they are satisfied with the educational opportunities.

Recent education and staff development opportunities relevant to Standard 1 Management systems, staffing and organisational development include the following:

- Electronic documentation training
- 'Essentials' training
- New equipment training
- Orientation upon recruitment.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Management ensure care recipients and other stakeholders have access to internal and external comments and complaints mechanisms, information and resources. Stakeholders receive information on entry to the home through the care recipient agreement, handbooks and brochures displayed throughout the home. Feedback is encouraged through the completion of paper based forms, audits, surveys, meetings and one to one discussions.

Management maintains a compliments and complaints register which is monitored, actioned and evaluated on a routine basis. Response to complaints occurs within appropriate timeframes and confidentiality of individual complaints is maintained. Care recipients, representatives and staff stated they are aware of the internal and external complaints processes, are encouraged to provide feedback and management address complaints in a timely manner.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

Management has documented the residential care service's vision, mission and values and its commitment to quality. Management displays the statement prominently in the home and repeats them in a range of internal documentation, both written and electronic.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management demonstrate there is sufficient and appropriately skilled and qualified staff to deliver care, lifestyle and services. There is monitoring of staffing levels and skill mix through stakeholder feedback and consultation, reviews of care recipients' requirements and evaluation of data trends. Recruitment processes include role specific criteria, interviews and reference checks with induction and 'buddy' shifts provided. Management monitors staff performance through performance appraisals, observations and quality processes. Staff receive position descriptions, duty lists and an information handbook to guide them in their roles. Management ensure the regular replacement of staff for planned and unplanned leave through use of casual and permanent staff as required. Care recipients, representatives and staff stated they are satisfied there are sufficient, appropriately skilled and qualified staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

There are systems to ensure appropriate goods and equipment are available for quality service delivery. Management and designated staff organise the purchase and replacement of inventory and equipment through budget allocations, authorised and established ordering processes. Management and staff identify inventory and equipment needs through mechanisms, including observation, audits, care recipient requirements, stakeholder feedback and meetings. New equipment is trialled and evaluated before purchase with education provided by relevant suppliers. Staff monitor expiry dates of supplies and rotate stock appropriately and there is secure storage of goods and equipment in clean and maintained areas. There is a comprehensive preventative and reactive equipment maintenance program and an established electrical testing and tagging system. Care recipients, representatives and staff stated they are satisfied with the availability of appropriate goods and equipment.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home's systems ensure management and staff effectively manage documented and electronic information in accordance with legislative requirements and the home's policies and procedures. Appropriate security access is allocated to staff according to their job description to protect data and maintain the privacy and confidentiality of care recipient and staff information. Current guideline practices are available electronically and via the intranet. Regular reviews and updates of guideline practices occur and management ensure information is dispersed to stakeholders through email, meetings, informal discussions, letters, handover and memoranda. Staff demonstrated accessibility to information resources required to perform their roles efficiently and effectively. Care recipients and their representatives stated they are satisfied with the availability of information and communication systems available to them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation engages a number of external services across a range of clinical and non-clinical areas. A list of preferred external suppliers and contractors is available and management and staff can access internal and external support and assistance outside business hours. Supplier agreements contain information to inform contractors of the organisation's expectations regarding quality services. Management monitor contractor performance through feedback from stakeholders, as matters are raised and on renewal of contracts. There is a process to monitor attendance of external services personnel to the home. Staff and care recipients stated they are satisfied with the type and range of services provided by external contractors.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

The organisation and management actively pursues continuous improvement in all aspects of care recipients' health and personal care. Staff report on incidents and information is gathered on a variety of clinical indicators with designated staff monitoring, following up on actions implemented and analysing for trends.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Results from an audit conducted on quality of care identified inconsistent recording of care recipients' random blood glucose levels. To address this matter management developed a calendar based on medical directives received from medical practitioners to prompt and remind staff. Management stated they have noted improvements in documentation although they continue to monitor records on a routine basis.
- A pain management audit result identified staff were not using the non-verbal pain assessment tool effectively. To improve outcomes management discussed this matter at clinical staff meetings and provided education on the use of the form. Management stated there is noted improvement in the use of the tool and there have been improved pain management treatments for care recipients.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care.

Examples of regulatory compliance relating to Standard 2 Health and personal care include:

- There is a system for monitoring professional registrations.
- Medications are stored and managed according to regulatory requirements.
- There are procedures to guide staff practices regarding unexplained care recipient absence.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome.

For details regarding the home’s system, refer to expected outcome 1.3 Education and staff development.

Management and staff have a system in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to care recipients’ health and personal care.

Recent education relating to Standard 2 Health and personal care includes:

- Anaemia in the elderly
- Continence management
- Medication competencies.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Management ensures care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients upon entry and develop plans of care around these needs. Documentation tracks the monitoring of clinical care through charts, assessments, care plans and progress notes. Review of care occurs through the care recipient of the day process and as changes in care recipients’ health status require. Registered nurses oversee clinical care and are supported by enrolled nurses. Medical practitioners and allied health professionals enhance the holistic approach to care. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Feedback indicated care recipients and their representatives are satisfied with their clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home has registered and enrolled nurses and access to specialised nurses to assess, plan, manage and deliver specialised nursing care needs to care recipients. Specific care plans are developed and individually tailored to guide staff. Staff reported changes in the care needs of care recipients are communicated effectively and staff are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and their representatives stated they are satisfied care recipients’ specialised care needs are identified and managed appropriately.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Management ensure care recipients have access to appropriate health specialists in accordance with their needs and preferences. Medical practitioners visit the home at regular intervals with care recipients able to retain their own doctor if desired. There are regular physiotherapy, podiatry and occupational therapy services with other allied health staff such as a dietitian and speech pathologist available as needed. Staff assist care recipients to attend other health professionals and specialists in the community as required. Care recipients and their representatives stated they are satisfied with the range of health specialists available.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Management ensure there are systems to support safe and correct medication management. Competency tested nursing and care staff administer medications and education and incident management processes ensure this is completed safely and correctly. The home has a process for assessing and monitoring those care recipients who wish to self-manage and self-administer medications. Processes exist for the ordering, delivery and disposal of medications with access to urgent medications through a local pharmacy service and on hand stocks. Medications are stored safely and securely and in accordance with regulatory guidelines. A multi-disciplinary advisory committee meets regularly to discuss the medication needs at the home and instigate any improvements. Policies and procedures and current medication resources are readily accessible and guide staff practice. Care recipients and their representatives stated they are satisfied with how staff manage care recipients’ medication needs.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Staff and management ensure all care recipients are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients’ pain and these include the use of ‘as needed’ medication where appropriate. An occupational therapist, in conjunction with the registered nurses, oversees a pain management program for care recipients assessed with chronic pain. Staff are aware of verbal and non-verbal pain cues in care recipients and use these to guide pain prevention and management on an individual level. Care recipients and their representatives stated they are satisfied with the pain management strategies provided by the home.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients or their representatives about the care recipients’ advanced care wishes and this forms the basis for care provided in the terminal stage. If required, staff access palliative care assistance through the local hospital. Spiritual and emotional support is available for the care recipient and their family if desired and representatives are supported to stay by their loved ones’ side overnight if they wish.

Representatives expressed satisfaction with how staff respect and support individual beliefs and comfort levels during the palliative care process.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients’ nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients’ weight and guidelines prompt staff on how to manage any losses or gains with the assistance of the dietitian when required. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Care recipients and representatives stated they are satisfied with the quality of food and beverages provided at the home.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Staff assess and care for care recipients in a way that promotes optimal skin integrity. Staff assess care recipients’ skin integrity on entry, when care plans are reviewed and as health needs change. Barrier cream is applied and pressure area care strategies utilised to promote skin integrity. Staff assist care recipients to maintain their skin in a healthy state and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management, and specialist care by a wound care consultant is available if staff need further advice. Care recipients and their representatives stated they are satisfied with the home’s approach to maintaining care recipients’ skin integrity.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients’ continence needs are managed effectively and with dignity. Staff assess the care recipients’ continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. The home’s approach to continence management encourages promotion of independence and dignity and education is provided on continence management. Care recipients stated their continence needs are met.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behavioural assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges especially those related to dementia. Medical practitioner advice and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. Care recipients stated they are satisfied with the management of any behavioural issues that occur within the home and the behaviour of other care recipients does not impact on their own wellbeing.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

Staff and management ensure care is provided in a way that guarantees optimum levels of mobility and dexterity are achieved for care recipients. Each care recipients’ mobility and dexterity needs are assessed on entry and mobility aids are available if required.

Physiotherapy and occupational therapy services are provided regularly at the home, with all care recipients assessed and reviewed as needed. Assistive devices, such as those for eating, are available and their use promoted. There are adequate mobility and dexterity aids to cater for care recipients’ needs. Care recipients stated their mobility and dexterity is supported by staff when needed and encouragement is given to maintain their independence with the assistance of aids if required.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Staff ensure assistance is given to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients’ oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Care recipients are assisted to access dentists and dental technicians, which may be of their own choice if desired. Staff assist and prompt care recipients with daily dental hygiene and observe and document any relevant dental issues. There is a process for the provision of additional oral and dental care during the palliative phase. Staff formulate specific strategies for care recipients with swallowing difficulties which include texture modified diets and staff assistance with meals. Care recipients and their

representatives stated staff provide adequate assistance with care recipients' oral and dental hygiene.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Staff and management ensure care recipients' sensory losses are identified and managed effectively. Staff assess care recipients' sensory deficits upon entry and as changes in care needs require. Staff organise assistance for care recipients to attend appointments with their own preferred provider or specialist providers when required for hearing and vision assessments. The home is well lit, has adequate handrails and visible signage. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices. Care recipients and their representatives stated staff assist care recipients with their sensory loss needs.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Staff and management ensure care recipients are assisted to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and, if possible, pre entry patterns are supported by staff through the care planning and actioning process. A variety of methods are used to promote sleep, including settling routines, evening drinks and snacks and medication as prescribed. Records show staff respect care recipients' wishes regarding sleep. Care recipients stated the home is quiet at night, their preferred wake and sleep times are respected and they sleep as soundly as possible.

Standard 3 – Care recipient lifestyle

Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

The organisation and management actively pursues continuous improvement activities in relation to all aspects of care recipient lifestyle. Care recipients are satisfied with the assistance provided to promote their independence and choice and decision making within the home and for maintaining links with the local community.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Feedback from staff appraisals provided suggestions on how to improve the admission process for permanent and respite care recipients entering the home. As a result a ‘welcome card’ and ‘welcome pack’ were developed and are placed in care recipients’ rooms as a welcoming gesture and resource information. Admissions are noted in the staff communication diary to ensure staff awareness. Since implementation management stated it has improved the entry experience for care recipients and staff report the process is easier to follow.
- To improve recognition of deceased care recipients, management discussed with staff how the approach could be extended. A decision was made to contact the local community quilter’s club who designed and created quilts to place on individuals as they leave the home. In addition, management employed a pastoral carer two days per week to provide support to care recipients and representatives on an ongoing basis. Management stated there has been improved respect, dignity and honouring of care recipients.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management has systems to identify and comply with regulatory compliance obligations in relation to care recipient lifestyle.

Examples of regulatory compliance relating to Standard 3 Care recipient lifestyle includes:

- Care recipients and representatives receive information regarding the privacy and confidentiality of their information on entry to the home.
- The resident handbook and agreement includes information regarding care recipients’ rights and responsibilities and privacy and consent details.
- There are systems to ensure mandatory reporting obligations are met.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the service’s education and staff development system.

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle.

Recent educational sessions undertaken relevant to Standard 3 Care recipient lifestyle include the following:

- Brain gym training
- Privacy and confidentiality
- Supporting leisure and lifestyle staff to complete the ‘Certificate IV in Lifestyle and Leisure’.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient receives support in adjusting to life in their new environment and on an ongoing basis. Potential care recipients receive prior information about the environment and services offered and on entering the home receive, a welcome card and welcome information booklet. Designated staff provide an initial and ongoing orientation to the home and lifestyle and pastoral care staff ensure they regularly engage with care recipients for additional emotional support. Assessments, care plans and regular reviews provide information to assist in meeting care recipients' emotional care needs and documentation reflects this information. Family and friends participation is encouraged on a routine basis and visitors are welcomed. Staff monitor and evaluate the effectiveness of strategies used regarding emotional support through observation and regular feedback from care recipients and representatives. Care recipients and representatives stated they are satisfied with the level of initial and ongoing emotional support.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. On entry, staff assess and plan to meet individual needs and preferences in relation to independence. Care recipients have access to allied health professionals, exercise programs and mobility and sensory aids to assist in maximising independence. Staff organise visits from volunteers and visitors and support care recipients to participate in local community events external to the home. Care recipients' independence is monitored through audits, care plan reviews, meetings and stakeholder feedback. Staff demonstrated knowledge regarding methods and strategies they use to promote care recipient independence. Care recipients stated they are satisfied with the assistance and support received to enable their independence.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Staff assess care recipient privacy and dignity needs and preferences and communicate this information in care documentation. Staff provide practices

such as assisting with personal care in private areas, referring to care recipients by their preferred names and knocking when entering their rooms. The living environment provides care recipients with access to indoor and outdoor spaces to receive visitors and hold private events. Management and staff use stakeholder feedback, audits, care plan reviews and observation to monitor the effectiveness of strategies to meet care recipients' needs, rights and preferences. Care recipients and representatives stated they are satisfied privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. As care recipients enter the home staff gather past and present information regarding lifestyle needs and preferences. Details are documented on care plans which staff regularly review to ensure lifestyle options and choices remain current. Staff, volunteers and community visitors support activity programs that respond to care recipient changing interests and abilities. A range of group, individual activities and outings, special events and theme days promote socialisation and a sense of community within the home.

Staff maintain and review participation records and monitor program effectiveness through activity evaluations, audits, surveys, stakeholder feedback and meetings. Care recipients and representatives stated they are satisfied with the variety of leisure interests and activities provided.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. An assessment of care recipients' cultural and spiritual needs and preferences occurs on entry to the home and on a regular basis. Information is documented on pastoral care plans to meet individual needs. Regular religious services are offered and local clergy and the on-site pastoral carer provide additional assistance to address spiritual needs and preferences. Cultural and individual celebrations occur with days of significance identified and observed, including use of a memory table and butterfly symbols to remember past care recipients. Stakeholder feedback, care plan reviews, observation, audits and satisfaction surveys assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Care recipients stated they are satisfied their individual cultural and spiritual needs and preferences are respected and valued.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to

exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Management and staff encourage each care recipient or their representative to participate in choice and decision making regarding care recipients' care, lifestyle and service needs while not infringing on the rights of other people. Information about the right to exercise choice and control is provided in information handbooks and agreements. Opportunities are available for care recipients to make decisions regarding personal care, sleep and rest times, dietary preferences, the level of participation in activities and use of preferred names. Consultation occurs with authorised representatives to act on behalf of care recipients when they are unable to make informed decisions. Monitoring of choice and decision making is achieved through mechanisms, such as care plan reviews, have your say forms, meetings and satisfaction surveys. Care recipients stated staff provide opportunities for them to make choices and decisions on a regular basis.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Management provides each care recipient and their representative with an information package which includes details relating to care recipients' rights and responsibilities. The home offers care recipient agreements to all new care recipients which contains relevant information relating to security of tenure, fees and charges, rights and responsibilities as well as specified care and services. The home encourages each care recipient to nominate an enduring power of attorney. The home prominently displays the Charter of care recipients' rights and responsibilities. Care recipients and their representatives stated they are aware of their rights regarding security of tenure and stated staff and management respect care recipients' rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

Management actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Activities that inform improvements related to the environment are internal and external audits and feedback from stakeholders.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- From an organisational strategic planning initiative a decision was made to improve the living environment for care recipients living with dementia. Although in the early stages of planning funding has been received through a community program to commence development of a sensory garden. Consultation with an architectural specialist has occurred with further research being undertaken. Management stated they believe the benefits will include a reminiscence of past memories, improved visual experiences and creation of points of interest. Expected completion date is December 2015.
- In order to improve the living environment management have plans to repaint, replace carpet and purchase new items of furniture. Management stated they expect completion over the next six months and the improvements will further promote the comfort of care recipients’ in their living environment.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management has systems to identify and ensure regulatory compliance obligations in relation to physical environment and safe systems.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- The home has achieved compliance with the appropriate fire, emergency and essential services requirements.
- There is a current food safety program, third party audit and certification.
- There are procedures available regarding the reporting of infectious outbreaks.

4.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the service’s education and staff development systems.

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems.

Recent education and staff development opportunities relevant to Standard 4 Physical environment and safe systems include the following:

- Apprenticeship in commercial cookery
- Fire and emergency training
- Infection control
- Manual handling.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs and preferences. The home accommodates care recipients in single rooms with ensuites and provides access to a range of communal areas, lounges, internal courtyards and gardens. There is appropriate furniture and décor throughout the home and access to a variety of services to support care recipients in their living environment. Areas are secure, clean and spacious and there is appropriate lighting, ventilation and heating. Maintenance of buildings, grounds and equipment occurs through scheduled programs. Regular safety audits, observation and hazard reports are used to monitor the living environment. Care recipients and representatives stated they are satisfied with the comfort and safety of the living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The organisation and management actively work to provide a safe working environment that meets regulatory requirements. There are systems to enable identification and reporting of incidents and hazards, to conduct regular safety inspections and for regular equipment and maintenance programs. Management support staff by providing relevant training, policies and procedures to guide practices, current safety data sheets and appropriate supplies of personal protective, safety and transfer equipment. Work place health and safety matters are discussed, monitored and analysed through the quality and risk committee which meets on a monthly basis. Staff stated they are satisfied with their working environment and they have suitable equipment and relevant training to support safe work practices.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures and disaster management plans available and emergency evacuation maps displayed throughout the home. Fire safety systems include fire and mimic panels, break glass alarms, sprinklers, smoke detectors, smoke and fire doors and firefighting equipment. Emergency service contractors regularly monitor and attend to fire and safety equipment systems. There are power outage contingencies for unforeseen events. Security measures

include surveillance systems and automatic door security mechanisms. Staff demonstrated knowledge regarding the home's emergency procedures and stated they attend annual fire training.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

Management demonstrates they have an effective infection control program. The program detects, manages and monitors infections within the home. Management, with corporate support, collate infection data and report any trends at meetings. Staff practice is guided by comprehensive policies and procedures and government resources, which are noted to cover the management and containment of infectious outbreaks. Infection control kits, which include signage and personal protective equipment, are available to staff and hand hygiene facilities are prevalent. There is a food safety program and cleaning schedules are followed throughout the home. Infectious waste, sharps disposal and pest control within the home is managed by external contractors. Care recipient and staff vaccinations are encouraged and monitored with high levels of uptake. Care recipients stated staff identify infections and manage them appropriately.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Management ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Meals and refreshments are prepared on-site daily using fresh products. On entry to the home information is gathered and forwarded to the kitchen to ensure all dietary needs and preferences are met. A rotational menu is provided and advice from a dietitian has occurred. Cleaning staff provide services following a set schedule six days a week and there are provisions for extra cleaning as required.

Designated staff attend to care recipients' personal laundry on-site and linen services are provided by an external contractor. There are provisions for labelling of care recipients' clothes to assist in the prevention of lost items. Management monitor hospitality services through discussions at meetings, internal and external audits, observation and other feedback received. Care recipients and representatives stated they are satisfied with the home's catering, cleaning and laundry services.